

Under the supervision of Dr. Keli Brothers, LPS-S

Informed Consent Service Agreement

Welcome to Purpose Counseling and Consulting, L.L.C. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

I. PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your therapist, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections. Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

In order to ensure individualized treatment for each client, this practice utilizes an eclectic approach to therapeutic intervention that includes but is not limited to: Cognitive Behavioral Therapy approaches, Motivational Interviewing Techniques, Person Centered Therapy approaches, Positive Psychology, and Mindfulness activities. The first few sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work might include.

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At that point, we will discuss your goals and create a wellness plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

II. APPOINTMENTS

Appointments can be scheduled for 30 minutes or 50 minutes in duration, at a time we agree on.

Frequency of appointments (weekly, bi-weekly, monthly, etc.) are determined collaboratively as indicated as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide no less than 24- hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect \$15 session holding fee, which will need to be paid prior to scheduling future appointments (unless we both agree that you were unable to attend due to circumstances beyond your control). You are also responsible for coming to your session on time; if you are late, your appointment still needs to end on time. A 15 minutes grace period is acceptable to keep scheduled appointments. Any tardiness beyond 15 minutes will require a reschedule.

III. PROFESSIONAL FEES

The standard fee for an individual's initial intake is \$80 and each subsequent session is \$60/full session or \$35/30 min session. You are responsible for paying prior to or immediately preceding the time of your session unless prior arrangements were made. This practice does not accept personal checks. Cash, credit/debit cards, Paypal, Venmo, money orders and/or bank checks are accepted and can be made payable to "Purpose Counseling and Consulting, LLC." Lack of payment will result in forfeiture of scheduled session unless prior arrangements have been made. In addition to scheduled appointments, it is my practice to charge on a prorated basis for other professional services that you may require such as: meeting with spouses or significant others (couples counseling sessions), family counseling sessions, report writing, telephone conversations that last longer than 15 minutes, and attendance at meetings or consultations which you have requested. I will break down the hourly cost when other services are requested. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be

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expected to pay for the professional time required even if another party compels me to testify.

IV. INSURANCE

To set realistic treatment goals and priorities, it is important to evaluate your resources available to pay for your treatment. If you have a health insurance policy, it may provide some coverage for mental health treatment.

This practice does not accept or bill insurance for services for the following reasons:

- Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services.
- These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning.
- It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed care plans will not allow me to provide services to you once your benefits end.
- Sometimes I must provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.
- If you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee.
- Many policies leave a percentage of the fee (co-insurance) or a flat dollar amount (co-payment) to be covered by the patient.
- Some insurance companies may also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar

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year. However, should you benefit more financially from utilizing insurance services, I will do my best to find another provider who will help you continue your psychotherapy.

V. PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis (when necessary), topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents.

VI. CONFIDENTIALITY

You reserve the right to privacy by means of confidential mental health treatment. This means that I will not share your information with any other person without your explicit (written) consent. There are some limitations to confidentiality including when your safety or the safety of others may be at stake and are as follows:

1. If you tell me that you have an intent to hurt yourself, I have a clinical duty to protect and may need to disclose this information to emergency/hospital staff and/or the authorities.
2. If you inform me of intent to harm someone else, I have a clinical duty to warn may need to disclose this information to the person, emergency/hospital staff, and/or the authorities.
3. If you report known abuse of a minor child, older adult, or disabled person I am a mandatory reporter of such abuses and will have to report to the Department of Human Resources and/or the authorities.
4. I may be legally required to share some of your treatment information in response to a court or administrative order.

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Other information about your privacy rights, are described below in section IX. Please remember that you may reopen the conversation at any time during our work together.

VIII. CONTACTING ME

The best way to contact me is via the practice email, purposecounselingandconsulting@gmail.com

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

IX. OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

X. CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Informed Consent Service Agreement and agree to the terms.

Patient Name

Signature of Patient

Date